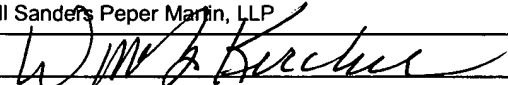

 <h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 0;">(to be used for all correspondence after initial filing)</p>		Application Number		10/761,669																																		
		Filing Date		January 21, 2004																																		
		First Named Inventor		Byron J. Masterson, M.D.																																		
		Art Unit		2873																																		
		Examiner Name		Jordan Schwartz																																		
Total Number of Pages in This Submission		10		Attorney Docket Number		55601.111638																																
ENCLOSURES (check all that apply)																																						
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> After Allowance Communication TC</td> </tr> <tr> <td><input type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input checked="" type="checkbox"/> Amendment / Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input checked="" type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below); return postcard, drawings</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Request for Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> CD, Number of CD(s) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td><input type="checkbox"/> Landscape Table on CD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td> <td colspan="2" rowspan="2" style="vertical-align: top;">Remarks:</td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> </tr> </table>								<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication TC	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below); return postcard, drawings	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks:		<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication TC																																				
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences																																				
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)																																				
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information																																				
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter																																				
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below); return postcard, drawings																																				
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund																																					
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____																																					
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD																																					
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks:																																					
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53																																						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																						
Firm Name		Blackwell Sanders Peper Martin, LLP																																				
Signature																																						
Printed Name		William B. Kircher																																				
Date		July 22, 2005		Reg. No.		22,481																																
CERTIFICATE OF TRANSMISSION/MAILING																																						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop Reception Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Express Mail Label No.:																																						
Signature																																						
Typed or printed name		Barb Parkerson		Date		July 22, 2005																																

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.